## Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set forth in IC 5-2-15-3.

Date:	<u>07/18/2010</u>	Address:	U.S. 50 @ JACKSON	
Case #:	<u>42F30864</u>		PARK DRIVE	
County:	<u>JACKSON</u>			
Type of Laboratory Seizure (check one)  ☐ Operational Lab ☐ Chemical/Glassware/Equipment (only) ☐ Dumpsite (only)		Seizure Location ( Residence Outbuilding Vehicle	check all that apply)  Hotel/Motel Open – No Structure Other:	
Items Found: Location (bedroom, kitchen, open air, etc)   (check all that apply) ☐ Lithium/Ammonia Reaction(s): IN BOTTLE IN CAR   ☐ Red Phosphorous/Iodine Reaction(s):   ☐ Flammable Solvents: IN CAR   ☐ Water Reactive Metal (Lithium): IN CAR   ☐ Anhydrous Ammonia:   ☐ Hydrochloric Acid Gas Generator(s):   ☐ Corrosive Acid:   ☐ Other (item and location):				
Yes No *If yes, fax re  This repor	er age 18 discovered (check one) (number present)  port to Child Protective Services  t is to be faxed to the following agent	Ephedrin Retail/M Other:	Investigative Information  Ephedrine/Pseudoephedrine Tracking Log Retail/Merchant Tip Other:  sthat serve the location:  Fax: 812-522-2598	
Fire Department: <u>SEYMOUR FIRE DEPT.</u> Health Department: <u>JACKSON CO.</u>		Fax: <u>812-5</u> Fax: <u>812-5</u> Fax: <u>N/A</u>		
Child Prote	ction Service: <u>N/A</u>	rax. <u>14/A</u>		
For further information regarding this methamphetamine laboratory, contact Investigating Officer: MARTIN A. MEAD Phone 812-522-1441				

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of scene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention.